## DELINEATION OF PRIVILEGES - PHYSICIAN ASSISTANTS

For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5504A-R Must be Completed and Attached to this Form)

REQUESTED BY	DATE

	PRIVILEGES	RECOMMENDATIONS BY DEPT./ SVS. CHIEF	
Assignr	nent of clinical privileges will be based on education, clinical training, experience, and demonstrated competence.	APPROVED REQUIRES QUAL. SUPRV. PER AR 40-48	NOT APPROVED
Specialty A	Areas (Check)		
1.	Aviation medicine.		
2.	Dermatology.		
3.	Emergency medicine.		
4.	Family practice.		
5.	Orthopedics.		
	a. Outpatient.		
	b. Operating room.		
6.	Occupational medicine.		
Non-Specia	alty Areas (Check)		
1.	Ambulatory care clinic.		
2.	Combat and combat support battalions.		
3.	Field medical units.		
4.	Troop medical clinic.		
5.	Other (Specify)		
Clinical Pri	vileges (Check)		
1.	Patient screening to determine need for medical care.		
2.	Supervision of immunizations (AR 40-562).		
3.	Nuclear surety evaluations (AR 40-501).		
4.	Temporary profiles (not to exceed 30 days).		
5.	Diagnose and treat minor illnesses (referral will be made to a physician for conditions which do not respond to therapy with the first visit or whose cause is not immediately determined). Excludes patients returning for treatment of chronic illnesses previously documented in their medical record.		
	a. Adult b. Adolescent		
-	c. Pediatric (over two years of age).		
6.	Outpatient history and physical examinations.		
7.	Prescribe and administer TAB approved medications (attach listing).		
8.			
9.	Order routine laboratory tests on blood, secretions, and urine.  Order X-rays of chest, abdomen, and extremities which do not require contrast		
9.	material.		
10.	Other (Specify)		

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Inpatient CI	nical Privileges (Require Physician Review and Signature) (Check)		
1.	Admission histories.		
2.	Physical examinations.		
3.	Routine doctor's orders.		
4.	Narrative summaries.		
5.	Other (Specify)		
Procedures	(Check)		
1.	Wound care, debridement, and suturing of minor lacerations.		
2.	Incision and drainage abscess.		
3.	Urethral catheterization.		
4.	Administer inhalation medications.		
5.	Administer IV fluids to adults.		
6.	Nasogastric and nasopharyngeal intubations.		
7.	Stabilization of fractures.		
8.	Other (Specify)		
9.	Anesthesia		
	a. Digital block.		
	b. Intercostal.		
	c. Local.		
Exceptions	(Recommended by Department/Clinic Chief)		